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Unde	the Paperwork PATE	NT APPLICA	ee deteri	a∞	tection of info	mation unles	it displays availd OMB control number. Application or Docket Number 09/695457				
Substitute for Form PTO-875  CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR I	OTHER THAN SMALL ENTITY	
	FOR		NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))								<b>s</b>	OR		
TOTAL	CLAIMS		minus 20 =				<b>∵\$</b> =		OR	x s=	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS		<u> </u>	minus 3 =				=		OR	x \$=	
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MOLTH LE DEI ENDE						L.	TOTAL		OR	TOTAL	
• If the	e difference in co	lumn 1 is less than	zero, ente	r *0° in column 2.	•		TOTAL	<u> </u>	1		
_	CL	AIMS AS AME	NDED -	PART II					00	OTHER	THAN
8	408	(Column 1)		(Column 2)	(Column 3)		SMALL	ENTITY	OR T	SMALL E	
Ę	100	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
황	Total	AMENDMENT	Minus	PAID FOR	-		x \$=	ſ	OR	x s=	
ENDMENT	(37 CFR 1.16(c)) Independent	• • • • • • • • • • • • • • • • • • • •	Minus	5			x \$=		OR	x \$=	
AME	(37 CFR 1.16(b))	RESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				1	+\$ _=		OR	+s =	
٦	FIRST PRESENT	ATION OF MULTIPLE	DEPENDE	TOTAL (ST CA		J L	TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
늘		CLAIMS REMAINING AFTER	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMENT	Total	• AMENDMENT	Minus	**	=	1	× \$=		OR	x \$=	
END	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	•	Minus	441	= .	11	× \$=		OR	x \$=	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1	+5 =		OR	+ \$=	
-	FIRST PRESENTATION OF MOLTIFLE DEFENDENT COSM (5. COSM)					י נ	TOTAL ADD'L FEE	-	OR	TOTAL ADO'L FEE	
		(Column 1)		(Column 2)	(Column 3)				_		
, !		(Column 1)  CLAIMS  REMAINING  AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	7	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENT	Total	AMENDMENT	Minus	**	=	7	× \$=		OR	x <b>s</b> =	ļ
MENDMA	(37 CFR 1.16(c)) Independent	<del> </del>	Minus	***	=	1			OR	x \$=	
				SENTICIAN (27)	CER 1 16/di)	7			OR	+ \$=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					_	TOTAL		┥ .	TOTAL	
					مراده وزود مند.	_	ADD'L FE	<u> </u>	OR	ADD'L FEE	L

 If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.